

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/937550	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/	/	/	51			
2	/	/	/	/	/	52			
3	/	/	/	/	/	53			
4	/	/	/	/	/	54			
5	/	/	/	/	/	55			
6	/	/	/	/	/	56			
7	/	/	/	/	/	57			
8	/	/	/	/	/	58			
9	/	/	/	/	/	59			
10	/	/	/	/	/	60			
11	/	/	/	/	/	61			
12	/	/	/	/	/	62			
13	/	/	/	/	/	63			
14	/	/	/	/	/	64			
15	/	/	/	/	/	65			
16	/	/	/	/	/	66			
17	/	/	/	/	/	67			
18	/	/	/	/	/	68			
19	/	/	/	/	/	69			
20	/	/	/	/	/	70			
21	/	/	/	/	/	71			
22						72			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	/	↓	/	↓	/				
TOTAL DEP.	20	↔	20	↔	13	↓			
TOTAL CLAIMS	21		21		14		↓		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS